

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0028230

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

29

FILED 28 64

VS 300
Rev. 4/59

1 0941
2 0942
3
4 0
5 1
6
7 1
8 2
9 0224
10
11
12 1-1
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY - St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre | | c. CITY OR TOWN Flat River | |
| Length of stay in 1b 24 Hrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. | | d. STREET ADDRESS (If outside, give location) 625 Taylor Ave. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Eugene Middle C Last Zuber | | 4. DATE OF DEATH Month July Day 18 Year 1964 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/9/1888 |
| 9. AGE (last birthday) 76 | | IF UNDER 1 YEAR Months 4 Days 9 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Railroader | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Chaunute, Kansas | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME John V. Zuber | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Brownie Zuber | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) yes WW # 1 | |
| 16. SOCIAL SECURITY NO. 3 | | 17. INFORMANT Address Mrs. Brownie Zuber Flat River, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MESENTERIC THROMBOSIS DUE TO (b) AORTIC ANEURYSM DUE TO (c) UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year July 17-64 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Flat River, Mo | |
| 21. I attended the deceased from July 17-64 to July 18-64 and last saw her alive on July 18, 1964 Death occurred at 4 p on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE J. L. Foster MD (Degree or title) | |
| 22b. ADDRESS Desloge, Missouri | | 22c. DATE SIGNED 7/20/64 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/21/1964 | 23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis, Mo | | (State) | |
| 24. FUNERAL DIRECTOR Murphy L. Sparks | | 25. DATE RECD. BY LOCAL REG. July 20, 1964 | |
| 26. REGISTRAR'S SIGNATURE Eother Rudloff | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 11 1964
JUL 29 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4236

P. O. Address West River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not-embalmed, fact should be so stated above.